

INDIANAPOLIS, 46204

VERIFIED APPLICATION FOR ISSUANCE OF A CERTIFICATE OF TERRITORIAL AUTHORITY TO RESELL WIDE AREA TELEPHONE SERVICE AND/OR INTEREXCHANGE INTRASTATE TELECOMMUNICATIONS SERVICES WITHIN THE STATE OF INDIANA

(As addressed by Cause No. 38149) State Form 50491 (8-01)

| To the Telecommunications Division of the Indiana Utility Regulatory Commission("IURC"): | | | |
|--|--|--|--|
| ("Applicant") nereby applies to the Indiana Utility Regulatory Commission for a Certificate of Territorial Authority "CTA") to resell wide area telephone services and/or interexchange, intrastate telecommunications | | | |
| rervices in Indiana, and represents that: | | | |
| Instructions: Complete all blanks and include supporting documentation as attachments to this form:) | | | |
| 1. Applicant's principal name[including any "doing business as (d/b/a)" names] as authorized by the Indiana Secretary of State is: (Attach a copy of approval Certificate of Authority from Indiana Secretary of State.) | | | |
| (a)Principal Name: | | | |
| (b) d/b/a Name: | | | |
| 2. Applicant's principal address, telephone number, fax numbers and regulatory contact person for purposes of this proceedings and any subsequent IURC communications is: | | | |
| (a) Address: | | | |
| (b)Telephone No.: FAX No.: | | | |
| (c) Contact Person & Title: | | | |
| 3. Applicant requests a CTA for the following geographic area: | | | |
| (a) Geographic area: | | | |
| (Typically, "State of Indiana") | | | |

| 7. 1700 | e principal name, address, teleph | hone number, fax number of Appl | icant's <u>parent</u> company is: |
|--|--|---|---|
| | (a) Company Name: | | |
| | (b) Address: | | |
| | (c) Telephone No.: | FAX No | o.: |
| Application | requests a CTA. Will comply with Indiana laws application concerning the rese services in Indiana which do not telecommunications marketplace. Will pay the public utility fee rewill provide a copy of this veriful. ("LEC") as maintained by the Will advise any such LEC of the LEC the lawful Commission ap Will notify the Commission with which it will provide services, or | v | a and orders of generic e, intrastate telecommunications to entry into the -based local exchange company ons Division; ch LEC facilities and pay such evices; and, ed or additional name under olicant's principal business |
| | | <u>VERIFICATION</u> | |
| I affiri | n under the penalties of perjury | that the foregoing representation | s are true. |
| Office | rs Name & Title: | Printed | |
| | | | |
| Signat | ure & Date: | Phone Number: _ | |
| | Staff Use Only: | Phone Number: _ | |
| | Staff Use Only: | Phone Number: ATE OF TERRITORIAL AUTH | |
| A Cert telepho the for telepho subject | Staff Use Only: CERTIFICA tificate of Territorial Authority to one service as a telephone comp- regoing application is hereby isso one services and/or interexchang t to the provisions of the Indiana e process established by the Seve | ATE OF TERRITORIAL AUTH o provide public utility service (a. bany (as those terms are defined because to the Applicant discussed he | ORITY s defined by I.C. 8-1-2-1) and by I.C. 8-1-2-88) as set forth in the area is services in accordance with and so orders in Cause No. 38149, |